

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517237

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	4						
6	5						
7	5						
8	10						
9	10						
10	10						
11	10						
12	10						
13	8						
14	5						
15	10						
16	10						
17	10						
18	10						
19	10						
20	10						
21	10						
22		1					
23		1					
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			20				
TOTAL CLAIMS			21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.			1				
TOTAL DEP.			20				
TOTAL CLAIMS			21				